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CONFIRMATION NO. 4689

<b>SERIAL NUMBER</b> 10/695,275	<b>FILING OR 371(c) DATE</b> 10/28/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1623	<b>ATTORNEY DOCKET NO.</b> CLFR:178USD1
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 10/008,066 11/05/2001 PAT 6,703,384 which is a CIP of 09/502,592  
 02/11/2000 PAT 6,770,672  
 which is a CIP of 09/404,001 09/23/1999 PAT 6,417,223  
 which claims benefit of 60/101,542 09/23/1998

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
 \*\* 02/04/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 17	<b>INDEPENDENT CLAIMS</b> 2
Verified and Acknowledged	Examiner's Signature: <u>GLR Ksh</u> Initials: <u>W</u>				

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**TITLE**

Tocopherols, tocotrienols, other chroman and side chain derivatives and uses thereof

<b>FILING FEE RECEIVED</b> 2285	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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